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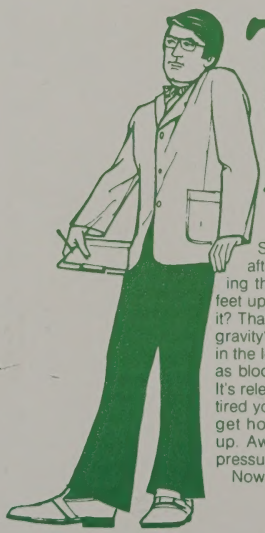

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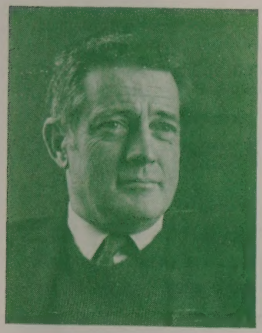

Gardner Cox II, M.D.

Your President's Page
Care = Trying

Fellows:

Christmas and the New Year are upon us and with these the perusual of the past year and the recurring question, "What does the New Year hold?" recurs.

For many of us the changing times are like a kaleidoscope. We haven't had time to adjust to the last change, when a new one is upon us. The faltering economy has had its effect, the legislative restrictions have loomed ever more forbidding, and the ground rules with which we have practiced are being attacked from all sides.

People are people however. Their needs and demands are still there and today their need for human relationships with their physicians is even more precious to them than at any other time. They look to us to participate in their needs, to offer them a helping hand and heart and to show that we **care**. Such a little word with so strong overtones. Emotional drain on the physician is often so very great that the patients' needs, at the end of the day, are less than those of the physician. Still, we continue to try; we must give of ourselves physically and emotionally in order to be that source of friendship and care so needed by people and often coldly labeled, the physician-patient relationship.

Those few extra minutes, those few sympathetic words, that real worry about their diseases, allows us to share in the warmth of personal human relationships.

Next year will see (as last year) many changes, few solutions, continued fear of over-bureaucracy and distrust. Look forward! Don't let these problems hamper your ability to project yourself. Give freely to those people who come to you; give them what hope you can. Share with them a laugh, a smile, a pat on the back, a meaningful word that reaches out and says you're not number 29 this morning but that you're Betty Jones and I know you, I care about you, I will do the best I can for you and your needs.

To all doctors in the Hampden District, to all of their families and loved ones I wish a Merry Xmas and a happy, useful New Year. For all of the people you serve a thank you, and please, keep trying.

Gardner Cox II, M.D.
HDMS President

Hampden District Medical Society

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Synopsis of the HDMS Meeting November 25, 1975

The stated November meeting of the Hampden District Medical Society was called to order by its president, Dr. Gardner Cox III at 6:20 PM, when it was established that a quorum had convened. The arrangements in the Opera House of the Yankee Pedlar lent themselves nicely to the 200 or so physicians in attendance. Dr. Stoddard, as Secretary, read the minutes of the last meeting and they were approved as read. A resolution to have the October 1976 meeting of the council in Springfield was read and approved; although this meeting may go to the other end of the state—Hyannis on the Cape.

Dr. Thomas Magill read a resolve to be introduced into the council pertaining to the Springfield Academy of Medicine. (The resolve can be found on page 11. Editor)

Dr. Eugene Boss, Jr., brought the membership up to date of the Hampden County Arbitration Plan. Each member is asked to notify Dr. Boss or Mrs. Purdy of his willingness to participate, in order that the Society can present a solid front to and with our fellow professionals, the lawyers. The problems related to medical speciality listings in the Yellow Pages of the telephone books were spelled out and a "truce" of one year has been declared in order to work out all the facets of ethicality.

Dr. John Ayres presented the facts and conditions relating to the Massachusetts Medical Society's case with the *Participating Physician Agreement.* The committee is developing the concept of a cooperating physician. If this is accepted, then there is no need for changing the enabling act—a process that Blue Shield is loathe to do. The mechanisms of charging and payments are still in the give and take stages. Probably the patient will be paid the usual and customary fee for the service rendered; assignment will be out. The paid fee will probably be less than that which a participating physician would receive from Blue Shield. Dr. Ayres further pointed out that study of a merger between Cross and Shield is under way.

Mr. Michael W. Meyrick, our local Drug Enforcement Agency representative, spoke next. The text of his worthwhile presentation will be found elsewhere in the Hippocrat; his message is commended to your reading.

Dr. Bruce B. Stoler suggested the creation of a new ad hoc committee to improve communications between the Society and the area hospitals and their medical staffs. He was forthwith appointed its chairperson.

The next speaker was Dr. George D. LeMaitre, a surgeon in private practice in Lawrence, Massachusetts. He is the New England Regional Director of the Council of Medical Staffs. His theme was primarily that physicians through their county medical societies but independent thereof, must form more militant groups to do battle with the ever increasing third party and bureaucratic insinuation into the practice of medicine. He believes that unless we take the offending parties to court, we soon will be buried by them and become a mere cog in the wheel of medical progress rather then the motivating force. "Who knows best what is right for the physician, but the physician?" is his recurrent question. He revealed how physicians in other New England areas are banding together

thru the Council of Medical Staffs to gird their loins and to go out to do battle. He also pointed out the "perverse" nature of the Blue Shield PPA contract. His organization intends to battle with Blue Shield over this persisting anachronism.

The meeting was temporarily adjourned for the social hour and dinner. When it resumed Dr. James Fitzpatrick brought the membership up to date on the Health Fair to be held in the Spring of 1976. The HDMS is giving its full cooperation to this worthwhile endeavor and all physicians and their wives will be solicited to participate in one manner or the other. Details will follow in later issues.

Mr. Robert Woolrich, Review Coordinator of the Western Massachusetts Health Planning Council, was the last speaker of the evening and his topic was "Public Law 93-641." This Federal law becomes operative 1 January 1976 and creates a system of Health Service Agencies throughout the nation with ever greater imposition of bureaucratic control of the delivery of health care and unfortunately upon the practice of medicine. Mr. Woolrich will formalize his presentation for inclusion within the Hampden Hippocrat in the near future.

There was no further business and the meeting adjourned, with all members in good humor, enjoying sobriety and anticipating bed.

The Editor-in-chief.

In Memoriam

Dr. Howard LaFayette Jackson died November 12, 1975 in a Lake Worth, Florida hospital.

Born in Wells Bridge, N.Y. on March 19, 1891, Dr. Jackson, attended preliminary schools and graduated from the high schools at Unadilla, N.Y. He entered the University of Syracuse and graduated in 1914. His choice of profession had been made and he began his medical studies at Tufts Medical School, from whence he received his M.D. in 1918.

Dr. Jackson served his internship at Springfield Hospital in 1917 and 1918 and in the latter year enlisted in the medical corps of the U.S. Army and was commissioned a first lieutenant. After serving in the Army, he returned to Springfield and practiced general medicine for ten years. He became greatly interested in the use of X-rays in medical diagnosis and attended Peter Bent Brigham Hospital to study their use. After returning to Springfield, he confined his practice to X-ray work.

Dr. Jackson retired to Lake Worth, Florida in 1971. He was a member of the AMA, MMS, HDMS and several American radiological societies. He also was a member of the American Legion, a Master Mason, and a member of Melha Temple, Rotary Club and a member of the Hope Congregational Church. He was a radiologist, in its best meaning.

To his family, his friends and associates deepest sympathy is hereby extended.

Ernest A. Byron, Jr.

• • • • • •

SPRINGFIELD

Highlights of the Executive Committee of the HDMS

The Executive Committee convened at 7:30 P.M. on Tuesday, November 18, 1975 in the Conference Room of the Hampden District Medical Society.

Present were Drs. Cox, Kelley, Kraus, Lynn, Moore, Stoddard, Stoler, Waltham and Mrs. Purdy.

Absent were: Drs. Bloom, Smith, Teale and Trachtenberg.

The minutes were read. Dr. Moore corrected a statement made about the resolution that was presented to the Council of the Massachusetts Medical Society by Dr. Magill about the Springfield Academy of Medicine. It was voted to accept the minutes as read and corrected.

Correspondence:

Dr. Alfano responded to Dr. Platt's letter by indicating that the problem on taxation has been referred to Mr. Malloy, lobbyist and Mr. John Noonan of the Massachusetts Medical Society.

WMHPC sent a request for comments on the Standards and guidelines for patient care in Nursing Homes. A letter will be sent to the WMHPC stressing importance of these guidelines.

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The Joint Commission on Accreditation of Hospitals wrote indicating that the Springfield Jewish Home and the Valley View Nursing Homes in Westfield are both accredited. A letter of thanks and inquiries about other homes in the area that are accredited will be written to the Joint Commission.

Old Business

Dr. Kruger as chairperson of the Malpractice and Medico Legal Committee has answered Attorney Flanagan's letter concerning physicians asking for fees, before sending reports. A similar letter was read from Dr. Franseen. This will be sent to Dr. Kruger also for comment. The executive committee then voted to endorse a policy to wit: *If a physician desires, he may send a bill to an attorney who has requested information, prior to sending the information.* It should be noted that it is not unethical to request payment before giving a report to an attorney.

Mrs. Purdy gave a report of her meeting with the Northeastern University on Physician's Assistants. Mr. Bott of this organization had suggested a meeting between doctors who have experience working with physician assistants and interested physicians. Dr. Stoler suggested that an explanatory article be submitted to the Hampden Hippocrat, for diffusion amongst the membership.

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Dr. Gephart M.M.S. secretary forwarded an answer from HEW, as the answer to Dr. Dores's letter about patients in nursing homes. The HEW representatives answered that the federal law states that HEW has the right to inspect the patient and his or her records but permission is asked of patient before doing so. The Committee felt that this was still not an answer and that they question if any outside organization has the right to invade the patient's privacy without consent. [Refer to the SSA message to physicians on page 13. Editor]

Dr. Alfano responded favorably to the invitation to speak at the February District Meeting.

The New England Telephone Company has agreed to delay its advertising of the availability of medical specialty listings in a special setting in its Yellow Pages for one year. Further study is necessary.

Dr. Stoler discussed the Long Range Planning Committee report and pointed out that an ad hoc committee might be appointed to work within each hospital to welcome new physicians and also work on the listing of specialties.

Mrs. Purdy pointed out that the letter which had been written to Dr. Gephart on 9/24/75 has not been answered. It related to a resolution made at a previous HDMS meeting. A followup letter will be sent.

Two pictorial rosters from two different companies were presented to the committee. Mrs. Purdy will study these further and report back on both at the December meeting. The executive committee and the Hampden Hippocrat are looking into publishing a membership directory.

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The proposed new Guiding Principles of the HH were considered by the committee especially Section #15, which necessitates a by-law change. Before it is presented to the by-law committee, Dr. Cox will speak with Dr. Stevens about the reasoning behind this change in the principles.

The question of who and how many should attend the AMA National Leadership Conference was introduced. Dr. Moore gave a financial report, which revealed that six members have not paid their 1975 dues. The HDMS bank balance (at this time) last year was $2500 more than it is this year. Dr. Moore suggested that only two persons go to the National Leadership Conference this year. After a discussion, it was voted that Dr. Stoler and Mrs. Purdy attend the Conference.

The WMHPC had requested the name of a physician to sit on the Board of the new Health Service Agency (HSA) when it is formed. Dr. Cox offered to serve in this capacity and the WMHPC has been so notified.

Dr. Mosig requested that the HDMS contact the Commonwealth's Attorney General's office about the old question of the status of full time paid physicians on hospital staffs. Inquiry will also be made to the Executive Director of the Texas Medical Association, and a report returned to the Executive Committee.

Mrs. Purdy reported on a meeting held in Framingham on the HSA. She also reported on the Northeastern Conference of the AAMSE, which she chaired and at which she was given an award for her seven years of continuing education.

The meeting was adjourned at 10:30 P.M.

Submitted by the executive secretary
Mrs. Vivian Purdy

A Resolution Presented

To The Massachusetts Medical Society From Hampden District

Introduced by: Thomas G. Magill, M.D. Hampden District
Subject: Financial aid to Springfield Academy of Medicine
Referred to: Councilors of the Massachusetts Medical Society

Whereas, the Massachusetts Medical Society supports the Boston Medical Library with a portion of the dues of all its members and,

Whereas, the Springfield Academy of Medicine acts as a primary resource center for the area with secondary availability of material from the University of Massachusetts Medical School Library and the Boston Medical Library and,

Whereas, the direct use of the Boston Medical Library is restricted by distance and cost of citations and,

Whereas, the support of the Springfield Academy of Medicine is almost entirely dependent on the dues from its members of the Hampden District Medical Society and the immediate environs.

Resolved, that a portion of the dues from the society be allocated for the support of the library of the Springfield Academy of Medicine in the sum of $3,750.00 for the year 1975-6 and thereafter.

Thomas G. Magill M.D.
Councilor—HDMS

NOTICES

From the Massachusetts Board of Registration in Medicine:

Dr. David Wallwork wishes to inform ALL physicians who have not yet received their applications for relicensure/renewal, to contact his office at 100 Cambridge Street, Boston-02114 or phone (613)727-3086. Your application/renewal must be on file before 15 January 1976. Also those physicians who just newly registered in November are still subject to the renewal law (a bill is working its way thru the General Court to rescind this portion, but is not law).

Please take the time to properly fill out the mandatory portion of the application; Delay in renewal will result in a non-licensed status.

* * *

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A Message to Physicians About . . . THE FEDERAL PRIVACY ACT

The Privacy Act of 1974 (P.L. 93-579), passed by Congress in December 1974 and signed by the President on January 1, 1975, became effective on September 27, 1975. The basic purpose of the Privacy Act is to safeguard an individual's privacy by regulating the collection, maintenance, use and dissemination of personal information by Federal agencies on that individual. Among other provisions, the new law gives individuals the right to inspect records about themselves (including medical records) that are maintained by Federal Agencies.

Briefly, the Privacy Act requires Federal agencies to:

- Collect, maintain, use or disseminate records of identifiable personal information in a manner that assures that such action is for a necessary and lawful purpose, that the information is current and accurate for its intended use, and that adequate safeguards are provided to prevent misuse of information;

- Permit individuals to determine what records pertaining to them the agency collects, maintains, uses or disseminates;

- Permit individuals to prevent records pertaining to them obtained for a particular purpose from being used or made available for another purpose without their consent;

- Permit individuals to gain access to information pertaining to them in Federal agency records and to have a copy made of their records (including medical records).

Disclosure of Medical Records by the Social Security Administration

The number of requests from individuals to inspect medical reports obtained in connection with their disability claim is expected to be relatively small. And in the great majority of requests received, the individual will already be generally aware of the information in the medical reports.

There will be a small percentage of cases in which direct access to a medical report may have an adverse effect on the individual. Procedures, therefore, call for a screening of medical reports to identify these cases. In such cases, the report will be released only to an authorized representative designated by the individual. The procedures apply to both social security and supplemental security income disability claims.

Complete and Objective Medical Reports Still the Goal

The new information disclosure provisions do not change the way physicians should complete medical reports in connection with a patient's disability claim. As always, the emphasis is on the type of objective reporting—symptoms, signs, and laboratory findings relating to the patient's condition—that is required for impartial disability determinations under both programs.

For further information about the disclosure of social security medical records under the Privacy Act, get in touch with any Social Security office.

U. S. Social Security Administration

* * *

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A Fact Sheet On The AMA In 1975

For the Non-Member M.D.'s

Here are some of the things that the AMA has accomplished for you in 1975:

AMA Wins Round Three in Legal Battle Over Utilization Review Regulations

AMA had to go to court to do it, but obtained an agreement with the federal government on the controversial utilization review regulations. The regulations have been withdrawn, and will be redrafted.

AMA Wins Fight to Prevent Federal Control of Residencies

The AMA won an important victory in the U.S. House of Representatives when *provisions for federal control of medical residencies were stricken from the Health Manpower Act of 1975.* The original bill called for federal restrictions on the allocation and distribution of residencies.

The AMA also strongly opposed another provision of the bill requiring medical students to pay back federal capitation grants given to medical schools—money medical schools receive for each student in the institution. Although the House of Delegates supported the provision, it was diluted by amendments which exempt all current students and which eliminate payback requirements for graduates serving in the armed forces.

AMA Sues HEW on Maximum Allowable Cost Regulations

On July 28, 1975, HEW formally announced that its MAC regulations would go into effect in nine months. The regulations set a maximum allowable cost for drugs administered to patients under federal health care programs.

Four hours after the HEW announcement, the AMA announced it would file suit asking for a declaratory judgment that the regulations are invalid and also for a permanent injunction. The AMA suit was filed in U.S. District Court in Chicago on July 29. The AMA maintains that the regulations would violate the constitutional rights of both patients and physicians and would create a labyrinth of drug regulations without assuring favorable cost benefits.

AMA Acts To Set Up Professional Liability Reinsurance Firm

The AMA is taking immediate and concrete action to ease the medical liability insurance crisis. At the 1975 Annual Convention, the House of Delegates authorized the establishment of an AMA reinsurance company as soon as possible.

First steps toward an AMA professional liability reinsurance company have been authorized by the Board of Trustees at its September meeting. The company's purpose would be to give added backing in insurance capacity and capital to local medical societies writing primary professional liability insurance for physicians.

Staff has been authorized to discuss and explore the possible role that the AMA can play in behalf of any or all 50 states. Implementation of any arrangements will be determined by the AMA Company's capacity to offer assistance on a sound business basis.

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AMA To Aid Members In Third Party Disputes

In response to the growing need for counsel to physicians in dealing with third parties, the AMA has established a new Department of Negotiations. This department *will train state, local, and specialty society executive staff and society members in the art of skillful negotiations* and will also intervene directly on behalf of the profession in disputes of national significance.

National Health Insurance

The AMA believes that any program of national health insurance must leave the physician free to practice in accordance with his professional judgment and with the right to fee-for-service. Similarly, the patient must be free to choose the type of care and the physician he wants. This position is implicit in the AMA's NHI plan that has been introduced into the Congress as HR 6222. While actively advocating this plan, the AMA has consistently opposed other NHI proposals that call for the restructuring of our present health care system and increased federal involvement in the delivery of care.

Keogh Law Modification

The AMA was successful in convincing Congress to modify the self-employed tax retirement act, known as the Keogh law. The modification increases the annual limits of contributions a physician may make to a qualified retirement plan on behalf of himself, as a self-employed individual, to 15% of earned income or $7,500 a year, whichever is less. This single action has the potential to save a physician in the 40% tax bracket $1,500 a year, which is six times the $250 annual dues to the AMA.

This law also provides that members of professional corporations may set aside enough funds to provide a maximum retirement income of $75,000 a year.

In a message to the AMA House of Delegates, former Congressman Eugene Keogh gave credit to the AMA for developing the concept of the legislation and working for its passage. He said the lesson to be learned from the experience with this law is that "an AMA united with singleness of purpose is an unstoppable force."

AMA Supports Bio-Medical Research

The AMA is the leading supporter of bio-medical research. The AMA House of Delegates has adopted an important 10-point statement in support of bio-medical research. Irvine H. Page, M.D., Editor of *Modern Medicine,* writes that this action "is of special significance, because it indicates the AMA's newly aroused concern for research, part of a renewal process that is invading the entire organizational structure. It is time for those who lacked faith in the AMA leadership to look again."

Max H. Parrott, M.D.
AMA President

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Letter to a Reader:

To that anonymous reader who sent a portion of the November 7th printing of the Springfield Daily News, in which was marked an article, *Doctors Confronted with Health, Sex Hazards* written by Al Rossiter, Jr. Sir or Madame, as the case may be, your question "Is Springfield's rate 1 in 20 or 1 in 1?" To my knowledge Springfield was not included in the survey conducted by Dr. Martin Lipp and Dr. Randall Weingarten. They both reside in California (which enjoys (?) a different life style). I have not had the opportunity to read their article in the American Family Physician. Often when one reads an article in its entirety, the lifted or synoptic review by a third party no longer keeps its *news* value and the statistics are better appreciated—the sensationalism dies. Accordingly, I would commend the original article to you and would be glad to read if your question about the hazards of practice in Springfield has been answered and what the ratio might be. I believe it might be about 1 in 900.

The Editor-in-chief

HELP FIND AN AD FOR THIS SPACE!

INFLATION

TO MEET THE RISING COSTS OF PUBLICATION, MORE ADS ARE NEEDED. CONTACT MRS. WILLARD WITH YOUR IDEAS OR SOURCES.

A SEASONAL NOTE:

Another reason to sport a pot is now shot. SHUCKS!

Heavy drinkers should be aware that even good diet is no answer to alcoholism, according to a Veterans Administration report appearing in a recent (September 8) issue of the Journal of the American Medical Association.

Good nutrition will not prevent alcoholics from developing liver damage unless they cut down their alcohol consumption, said Dr. Charles S. Lieber, Chief of the Section of Liver Disease and Nutrition at the Bronx, N.Y., VA Hospital and Professor of Medicine at Mt. Sinai School of Medicine.

"Traditionally, the disorders affecting the liver in alcoholics have been attributed exclusively to nutritional deficiencies accompanying alcoholism," Dr. Lieber said, "but recent studies indicate that in addition to dietary deficiencies alcohol itself is a factor in producing alcoholic liver disease."

The VA report was authorized for publication by the A.M.A. Council on Foods and Nutrition.

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THE PAGE OF THE HDMS'S WOMAN'S AUXILIARY

The White Cap is over but the pleasant memories linger on. Thank you, Ginny Walthall and Joanne Janovsky for a wonderful evening. A crowd of over 200 helped to make the evening a great enjoyable success.

The lucky winners of the raffle are as follows:

Dorothy O'Brien—Trip to Bermuda and 4 days at Southampton Princess Hotel

Wenda Restall—Free weekend at Sheraton-West

Dr. Morton Lynn—Case of Asti-Spumanti—Martini & Rossi

Stephanie Krokidaz—Portrait by Jack Holowitz—Photographer

Mrs. John Turneroma—Course of Ballroom Dancing

Yolanda Pernice—Tuxedo Rental

Dr. Edward Sweet—Bridge Lessons

Mrs. Philip Keating, Connie, Dr. Carl Janovsky—Two weeks each of exercises at World Health Center, E. Longmeadow

Dr. William Yorzyk—Granny Afghan

Audrey Pace—Je Reviens, perfume

Dr. Francis Teta—Seagram's VO

Dr. K. Murthy—Dinner at Student Prince & The Fort

A report on the financial aspects of the White Cap will be forthcoming early next year.

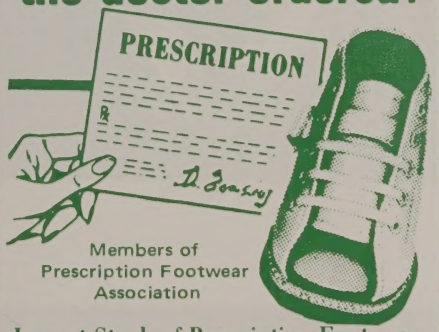
Shortly after the New Year, all auxiliarians will be receiving a letter requesting their help with the Springfield Health Fair to be held March 12, 13, 14. The Auxiliary will need over 250 volunteers. It is hoped each auxiliarian will do her part.

We are looking forward to the Holiday Tea to be held December 9 at the home of Mrs. Harvey Grant. Mrs. William Sheehan is planning a festive afternoon for us. (It was a success. Ed.)

Wishing all a joyous holiday season and a happy new year.

Mrs. Robert H. Nenninger
(Patricia)

We have just what the doctor ordered!



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Turn page for some of the photo highlights of the White Cap Ball

EXIT

Poet's Corner

Prayerful Thoughts Engendered By Christmas

In these times of many excesses, like those bearded men in red suits at every corner; And those pink plastic put-togethers covered with shredded aluminum foil and blinking lights; And those morning after gifts, wherein all that seems to count was outdoing last year's momentary happiness, wrapped in tricolor paper from Kresge's at $4.95.

In these times of giving, help us reexamine the true meaning of Christmas, Help us to find that a thoughtful note, a friendly hug, a warm and firm handshake and a genuine smile can and does carry more feeling and meaning than all those plastic toys, which the dog usually destroys before the turkey is on the table.

In these times of togetherness, when we congregate with our families and friends let us stop and also remember that there are many problems in this world such as starving children, raging wars, dying people—All needless, all wasted, all not necessary. These are not the problems of someone far away, they're our problems because we all are in the family of man. Let us realize how fortunate our lives are and that as true Christians, we should fulfill our roles in the solution of these problems.

In these times of doubting, we possibly need new inspiration to remotivate ourselves to volunteer some of our time and resources to make this a better place for all. Thus, on the eve of the Holy Child's birth let us pledge ourselves to have more concern and to care, not for just these weeks but the whole year.

In these times of conformity, let us not conform to Madison Avenue's huckstering and pseudo Christmas spirit in an attempt to save a friendship or our souls; but let us realize the true spirit arising from the message delivered in Bethlehem of Mary and to individually reawaken and rededicate ourselves to that purpose. Thereby truly putting Christ back into Christmas.

David P. Stevens 1973

P.S. And help the Lord to have a merry Christmas, too.

Bright College Years

I never made the varsity,
I never made the team,
But I sat high up in the stands,
And I could yell and scream!
Beneath a blanket built for two
I'd rather cuddle, wouldn't you?
You can go down there and be a bench warmer.
I'll sit up here and be a wench warmer.

H.N.S.

57th ANNIVERSARY YEAR

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Featured Article:

The Springfield Technical Community College's Contributions to Health Care in Western Massachusetts

by Robert C. Geitz—President

INTRODUCTION

The population of the Greater Springfield area is the second largest in the Commonwealth. The need to continually update area health care is evident as a result of current expansion in area medical facilities. Increased facilities and the need for modern health care generate the desire for trained manpower.

In the Fall of 1967, Springfield Technical Community College opened the historic gates of the vacated United States Armory in Springfield and proceeded to establish itself as a leader in the community college system in the Commonwealth of Massachusetts.

The concept of creating a technical training school originated in 1964 when the City of Springfield established Springfield Technical Institute. The change from a city Technical institute to a degree granting community college resulted in STCC providing hundreds of trained persons for the career opportunities that existed in the Greater Springfield community.

The campus contains a blend of the old and new; new academic facilities as well as historic buildings dating back to the American Revolution exist on this National Historic Landmark.

COMMITMENT TO THE COMMUNITY

When the institution first began as Springfield Technical Institute in 1964, programs in the health sciences were an integral part of its offerings. The College expanded in 1967 to become Springfield Technical Community College, and the Nursing and Allied Health Sciences also grew to provide the manpower necessary for the rapidly and ever growing health care needs of the community.

STCC's commitment to the community is reflected in its budget—a commitment on the part of the College to provide the best for the Greater Springfield community in the way of trained manpower for health care. This year's enrollment in the Nursing and Allied Health Science Programs totals 621 students. This figure represents over 16% of the total day college enrollment. On the other hand, slightly over 27% of STCC's total faculty budget for the direct cost of instruction is allocated to the Nursing and Allied Health Sciences.

The above percentages are significant when one considers that about 50% of STCC's total budget consists of direct instructional costs. However, the cost of instruction to the student is but $300 per year, and that amount goes directly to the State Treasury.

The following table shows the direct cost of instruction in STCCs Nursing and Allied Health Science Programs:

	Estimated Cost of Direct Instruction Per Student	Graduates 1975	Anticipated Graduates 1976
Nursing	$ 3702	53	66
Dental Assistant (1 Yr.)	1521	45	32
Dental Hygiene	2954	21	25
Medical Assistant	2442	35	23
Medical Lab Technician	1821	20	17
Mental Health	2357	19	18
Operating Room Tech. (1 Yr.)	995	26	32
Physical Therapy	2280	24	21
Respiratory Therapy	1970	14	18
Radiologic	2126	23	23

Total Faculty Budget	Allied Health Budget	% Total Faculty Budget	No. Allied Health Faculty	Balance Budget for Other Programs
$2,510,470	$680,044	27.1%	49.3	$1,647,389

Clearly, STCC devotes a major portion of its financial resources to the health science field.

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THE PROGRAMS

Through STCC's Nursing and Allied Health Science Programs, twelve different career opportunities are available to students. At the present time, STCC offers the following:

Dental Assistant
Dental Hygiene
Medical Assistant
Medical Lab Technician
Mental Health
Nuclear Medicine Technology
Nursing
Operating Room Technician
Physical Therapist Assistant
Radiation Therapy Technology
Radiologic Technology
Respiratory Therapist

All of these offerings are two-year programs leading to the Associate in Science Degree, except for Dental Assistant which is a one-year certificate program.

The 580 members of the Hampden District Medical Society and all other interested individuals herein have an opportunity to acquaint themselves with the various health related programs at STCC as they now are briefly described.

NURSING

The Nursing Program at STCC is popular and attracts the largest number of students of all the health related programs. The curriculum is designed to prepare men and women to be professional nurses who will be competent to render safe and effective nursing care to our citizens. The community centered approach combines both the liberal and technical education for the student within the College and community health agencies.

Students in the Nursing Program receive educational experiences in the Fundamentals of Nursing, Parental-Child Nursing, Medical-Surgical and Psychiatric Nursing. In addition, courses in the natural and biological sciences as well as the social and behavioral sciences are taught.

The student who successfully completes the prescribed curriculum earns the Associate in Science Degree and is eligible to take the licensing examination to qualify as a Registered Nurse. Success on the State Board Exams has grown steadily, resulting in a 98% passing rate on the examinations taken by the most recent class. The Program is approved by the Massachusetts Board of Registration in Nursing.

The Nursing Program can accommodate approximately 75 new students starting each September.

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Left to right: Rita F. LaBrecque, Department Chairman
Debra L. Muscaro (Springfield)
Karen J. Rahilly (Springfield)
Lynda D. Peace (Enfield, Connecticut)
Jo-anne L. Pierce (Southwick)

OPERATING ROOM TECHNICIAN

The Operating Room Technician Program prepares individuals to function as members of a surgical team or as an assistant to the surgeon, anesthesiologist or professional nurse in the operating room. The Program combines theory and practice of surgical asepsis in the operating room, delivery, room, emergency room and critical service department.

Formerly a one-year certificate program, the Operating Room Technician curriculum will change to a two-year Associate in Science Program beginning September 1976. This change will allow STCC to upgrade the ORT Program and provide its students with the latest skills necessary to perform effectively.

Graduates of the ORT Program are eligible to take the Association of Operating Room Technicians Certifying Examination.

STCC's Program in ORT is limited to approximately 30 new students each year.

PHYSICAL THERAPIST ASSISTANT

The Physical Therapist Assistant Program is designed to prepare men and women to work under the direction and supervision of a registered physical therapist, performing patient related activities and other tasks required in a physical therapist, performing patient related activities and other tasks required in a physical therapy department.

The two-year curriculum leading to the Associate in Science Degree follows the guidelines adopted by the American Physical Therapy Association. The Program is designed to provide the student with technical knowledge and skills and background information in anatomy, physiology, kinesiology, disease processes and psychological and interpersonal relationships. In addition, some emphasis is placed on ethical and legal matters.

Approximately one semester of the Program is supervised practicum in clinical facilities.

The Physical Therapist Assistant Department can accommodate approximately 25 new students each September.

Left to right:
Mrs. Elsie M. Cordis (Fr.) (Suffield, Connecticut)
Karen A. Sullivan (Fr.) (Hudson, Massachusetts)

RESPIRATORY THERAPY

STCC's Respiratory Therapy Program is designed to train individuals to deal with diseases of the respiratory system, such as emphysema, bronchitis and industrial diseases. The therapist administers treatments and medications and performs various diagnostic tests to assist the physician.

The Program is sponsored by area hospitals in cooperation with STCC and is approved by the Board of Schools of Inhalation Therapy.

In addition to the clinical affiliation required of each student, specialty courses are provided in the following areas: Fundamentals of Respiratory Therapy, Application and Clinical Science, Physics related to Respiratory Therapy, Microbiology, and Anatomy and Physiology.

This Program accommodates approximately 30 new students each September.

MEDICAL LABORATORY TECHNICIAN

The Medical Laboratory Technician Program is designed to provide the student with the necessary training to function in a clinical laboratory. This two-year Associate in Science Degree Program exposes the student to the fundamentals in clinical microscopy, microbiology, hermatology, immunohematology and clinical chemistry. An integral part of the overall program is a twenty-week clinical affiliation.

The flexibility of the MLT Program allows a graduate to further his studies at a baccalaureate level institution or to seek immediate career opportunities after graduation.

The Medical Laboratory Technician Program is approved by the Board of Certified Laboratory Assistants, the Board of Schools of Medical Technologists and the American Society of Clinical Pathologists.

The MLT Program accommodates approximately 25 new students each September.

MENTAL HEALTH

The purpose of STCC's Mental Health Program is to prepare individuals to work with professionals in the field of human services. The curriculum stresses the importance of the multidisciplinary team approach. Students are trained for career opportunities in mental health, public health, social services and education.

Throughout the two-year Program, field work and studies are coordinated with general education courses. Lectures, discussions, seminars, site visits and rotating supervised practicum in various community service organizations are combined to make the field work and studies a realistic endeavor.

In addition to the great amount of time utilized in the field work and studies, and the seminar and review sections of the Program, the students receive many courses in psychology and sociology.

The Associate in Science Degree Program accommodates upwards to 40 new students each September.

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RADIOLOGIC, NUCLEAR MEDICINE AND RADIATION THERAPY TECHNOLOGY

Combined under the Radiologic Technology Department are the newest Programs to STCC's Allied Health Sciences—Nuclear Medicine Technology and Radiation Therapy Technology.

The Radiologic Technology Program is designed to prepare individuals to become important members of the radiology team.

With half of each day on campus and the other half on clinical affiliation, the student learns to produce diagnostic films and radiographs and to assist the radiologist in fluoroscopic examinations.

A live 500 mA x-ray unit, numerous phantoms, a wide assortment of grids, screens and other equipment on campus enable the student to attain the necessary skills.

Graduates of this Associate in Science Degree Program are eligible to take the National Boards Examination from the American Registry of Radiologic Technologists. The Program operates under the auspices of the Joint Review Committee on Medical Education in Radiologic Technology of the American Medical Association.

The Nuclear Medicine Technology Program works closely with the Radiologic Technology Department. The student follows a rigid two-year curriculum which earns him the Associate in Science Degree and eligibility to take the National Boards Examination.

Among the special courses that each student is exposed to are: Fundamentals of Nuclear Medical Techniques, Mathematics of Radiology, Nuclear Medical Technology, Radiologic Physics, Principles of Isotopes and Therapy, Nuclear Physics and Medical Law and Ethics.

An important segment of the overall Program is the practicum or clinical affiliation that is required each semester. Half of each day is spent at STCC and the other half in the hospitals on affiliation performing diagnostic procedure on patients under close supervision.

The Radiation Therapy Technology Program prepares students to treat disease with ionizing radiation produced by linear accelerators, cobalt 60, conventional high voltage machines, superficial therapy machines and radium.

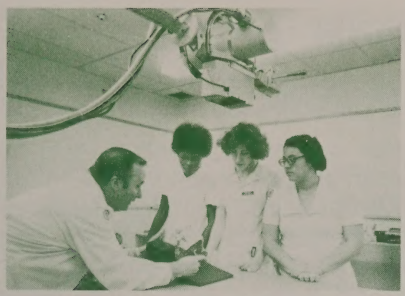
The student learns how to plan treatments to ascertain the treatment areas using portal films and to use the computer to aid in the planning.

Half of each day on the College campus and the other half on clinical affiliation occupy the students' time.

The two-year Associate in Science Degree Program has received preliminary accreditation by the Joint Review Committee on Education in Radiologic Technology. Graduates from this Program are eligible to sit for the National Examination given by the American Registry of Radiologic Technologists.

STCC is the first College in the Commonwealth to graduate a class of Radiation Therapy Technicians.

The Radiologic Technology Department is limited to approximately 30 new students each September.



Left to right: Gordon Smith, Department Chairman
Freshmen Students: Kathy Edwards (Chicopee Falls)
Petty Gerich (Somers, Connecticut)
Donna Renaud (Lee)

DENTAL HYGIENE

The Dental Hygiene Department seeks to educate men and women to perform as competent dental hygienists to provide preventive oral health care, whether it be in private dental offices, clinics or schools.

The graduates of STCC's Dental Hygiene Program are prepared to take the National Board Examinations in Dental Hygiene as well as the State Board Examinations which together lead to licensure to practice. At the present time, the Dental Hygiene Program has provisional accreditation from the Council on Dental Education of the American Dental Association.

Although many of the graduates seek immediate employment, there are others who further their education at a four-year college or university.

Completion of the required two-year curriculum earns the student the Associate in Science Degree. Students follow a rigorous program completing specialty courses in the following: Physio-Chemistry, Oral Anatomy, Dental Radiology, Nutrition, Pharmacology, Oral Pathology and Histology, Periodontology, Dental Materials and Specialities, Dental Hygiene Practice Management and Community Dental Health.

Of major importance are the Clinical Dental Hygiene requirements. Each semester, students must perform in the STCC Dental Hygiene Clinic. Supervised by area dentists and licensed dental hygienists, the students apply their class work to practical application.

Approximately 30 new students are accepted each September in the Dental Hygiene Program.

Standing: Debra S. Lamont, Dental Hygiene Faculty
Seated: Sara Holland (East Longmeadow), Senior
Dental Hygiene Student
In Chair: Patient

MEDICAL ASSISTANT

STCC's Medical Assistant curriculum is designed to be either a one-year Certificate Program or a two-year Associate in Science Degree Program. Although the majority of the students seek the academic degree, a few each year opt for the Certificate and immediate job placement.

The two-year program prepares students to meet the rigorous demands of today's practicing physician and his need for a skilled medical assistant to handle the increasing administrative and technical details of his medical practice. General education and technical studies prepare the student to perform at various levels of career interest, knowledge and skills.

The student receives training in Medical Assistant Techniques, Typing, Medical Law and Ethics, Medical Records, Medical Office Practice and Medical Typing.

An opportunity for a unit of supervised clinical experience in cooperating health agencies is provided during the fourth semester.

Approximately 40 new students are admitted to the Medical Assistant Program each September.

JOB PLACEMENT

A natural follow-up to this educational and financial commitment is the job placement of STCC graduates from the Nursing and Allied Health Sciences.

STCC graduates have always fared quite well in terms of job opportunities. The majority of the graduates have remained in the Greater Springfield area to expand their careers. Many have continued their education to obtain a baccalaureate degree. Some have pursued further studies in graduate school.

Recent classes have shown placement rates, by program, between 90% and 100% with annual salaries ranging from $6050 to $9600.

CONCLUSION

Springfield Technical Community College will continue to view its programs in Nursing and the Allied Health Sciences with priority to community needs—the Greater Springfield community.

Continued expansion of area health care facilities and the need for skilled, trained manpower go "hand-in-hand." STCC has made a mark for itself in this field and will strive for further growth and excellence.

There are literally hundreds of doctors, dentists, nurses, technicians, clinical affiliations, etc., that have assisted STCC over the years and will continue to be instrumental in the future. To attempt to list all involved parties or organizations would only result in omitting some names.

Springfield Technical Community College wishes to express its gratitude to all those dedicated individuals and organizations for their continued support in helping STCC to assist in making the Greater Springfield area a leader in health care services.

Robert C. Geitz
President

HOLIDAY GREETINGS AND A HEALTHY NEW YEAR

The Hampden Hippocrat Editorial Board Et Al.

A New Idea For
The New Year In
This Featured Article
Editor

A New Life Style

by Harriett and Thomas Doe

The concept of living together as families *in community* has been with us through the ages. The first coming together of the early Christians, as written about in the Book of Acts in the Bible serves as an example. It has taken many forms—from the cloistered life of the medieval monastery and convent to the 18th and 19th century Shaker experience and now the recent expression as lived out by many of the young people today. There has also been an increasing number of communities coming together with Christianity as their keystone. For some the reason has been dissatisfaction with the organized church and for others it was an earnest desire to begin to live out God's love as expressed in His people.

In the winter of 1974, a group of people began meeting in Springfield to explore the possibilities of forming just such a Christian community. At first the needs and/or differences within this group made even discussion a difficult thing. For some, this had long been a cherished dream and for others it was an entirely new concept of living. The religious backgrounds of this group were as varied as the people themselves: Episcopal, Evangelical Baptist, Catholic and a good number of Congregationalists.

In June after a period of discussion and prayer, about thirty-five people came together to form the Metanoia Fellowship Church. Each person made a commitment one to another which had four points: a commitment to Jesus Christ; a life of openness to God and with each other; a commitment to live as disciples of Jesus Christ; and a commitment to the Metanoia Fellowship Church.

Metanoia (a Greek word meaning to radically change and go in another direction) seemed a fitting name for the new group as in all cases life styles changed radically and the focus of life and living moved into vastly different directions than any experienced before. The group consists of a widespread age span from a college student to couples in their twenties, thirties, forties and fifties. Occupations vary also; there are hospital employees, an insurance executive, a traffic manager, a divinity student, a graduate student, a factory worker, and a pediatrician. There are eleven children, aged one to nine and four teenagers who are dependents of some members.

After the commitment to each other was made, there followed a period of time of relocation wherein homes were sold and a new central

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location was chosen in West Springfield and four houses were bought. Because all in the group desired a close relationship and living experience, extended households were set up—three in number. Each house has an elder as household leader, a house manager who oversees the physical needs of the house and a third person —these three form the leadership of each house. Our household consists of eight adults and three children, and Harriet and I are part of the leadership team.

Since this is a radically new life experience, living together demands much of its members. There has to be an openness between members, a willingness to talk things out when conflicts arise and above all, a willingness to serve one another. In the six months of fellowship life one of the visible aspects of life has been that members do love one another as brothers and sisters. It is a daily process and it is not an easy thing to adjust to because of all of our previous life experiences in nuclear homes deep relationships were only within that family group.

One of the most important aspects of the Metanoia Fellowship is sharing; members share their lives, their possessions, salaries and decisions. Each member has an equal personal allowance, each household a food allowance, all other needs are met by the fellowship. All decisions are made by consent of the group because of our pledge of oneness in the Spirit. The community and its oversight of the whole fellowship is managed by three Elders, chosen by the body from the body. Sunday worship is presently being held in the afternoon, and is an unstructured time of singing, praise, reading from the Bible, prayer and a sharing of life's experiences. Personal participation is encouraged.

Coming together has not been an easy process for anyone in the group, as our former life styles persist and intrude upon the new. It is interesting to note that no two people cling to their same old concepts. In surrendering to Christ and to one another, there had been struggles to hold on to old patterns. For some, the areas of surrender come in with

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the giving up of personal possessions, to others the right to make decisions about the future, or the giving of oneself to the group, resulting in the surrender. Within the body of the community lies the strength to accomplish this, through the love for one another and through our bond in Christ, these mold us together.

Because the Fellowship is still in its early stages, much of our time has been devoted to remodeling the houses to be made suitable for our extended living. The Fellowship has a fourth house which is used for offices and an apartment for a family relating to the Fellowship. We have been guided in many instances by a similar Christian group in Evanston, Illinois, called The Reba Place Fellowship. This particular group has been in existence for some fourteen years and now consists of some two hundred people. At the time of our major remodeling, we were greatly assisted by five young men who came from three such groups in the middle West to work with us. One of the blessings of these groups is the bond that exists between each and the willingness to be of help and service to one another. By reading *Living Together in a World Falling Apart* by David and Neta Jackson of Reba Place Fellowship, our group learned of many similar groups around the country. Their book would be of interest to anyone who desires to learn more about such Christian community life.

Although our Fellowship has grown up outside of any recognized church structure, such has not been always the case. There is a Fellowship in Houston, Texas which grew within the structure of the Episcopal Church there. It is interesting to note that out of that original group there evolved a medical community (Christian in nature) of some eighty people, all involved somehow in the practice of medicine. This community is having great success in ministering to the physical and spiritual needs of the area. The group has been well received and is enhanced by the assistance and participation of the greater medical community in Houston.

Since Metanoia is still in its early development, it is not clear what our future development will be. Our group does serve to illustrate one of the changing patterns in the Christian Church today, in which various people come together in visible expressions of God's love. The Fellowship has begun to reach out into its neighborhood in small ways, especially in the area of children. Although this particular expression of Christian experience may not be suited to all people, we feel a great excitement and sense of discovery through our participation in Metanoia Fellowship and in the unfolding of our lives, together with a real sense of joy and fulfillment.

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A Brief Explanation

Of The Controlled Substances and Narcotics Treatment Acts.

by Michael W. Meyrick

THIS ARTICLE WAS READ AS A PRESENTATION TO THE MEMBERSHIP AT THE NOVEMBER 25 HDMS MEETING.
Editor

I would like to take this opportunity to discuss some of the provisions of the Controlled Substances Act and the Narcotic Treatment Act as they apply to medical practitioners. When the Controlled Substances Act was enacted in 1971 the primary mission of the Compliance Division of the United States Drug Enforcement Administration was to detect and investigate diversion at the manufacturing and wholesale levels. For the next three years the investigative efforts of the federal government were concentrated at those levels. As it became increasingly clear that legitimately manufactured drugs were not being significantly diverted into illicit channels by manufacturers and distributors, the emphasis began to shift to the retail pharmacy and practitioner level. There seems to be an inverse relationship between the availability of illicit drugs such as heroin and cocaine, and the abuse of legitimately manufactured drugs. As the availability of heroin and cocaine decreases the abuse of legitimately manufactured drugs tends to increase. The Drug Enforcement Administration has sponsored federally funded Diversion Investigation Units, such as the one which now exists in Massachusetts. These units are staffed by State and MDC Police and augmented with investigative personnel from the Board of Pharmacy and the U.S. Drug Enforcement Administration. The investigative efforts of federal and state enforcement agencies in this state are in response to the increased availability of legitimately manufactured drugs in the illicit traffic.

The Drug Enforcement Administration continues to inspect and regulate the manufacturers and distributors of controlled substances. The Diversion Investigation Unit assisted by DEA, directs its efforts in three areas; those who steal controlled substances from pharmacies and practitioners, those who forge and pass fraudulent prescriptions, and pharmacists and practitioners who unlawfully dispense or prescribe controlled substances, not for a legitimate medical use in the normal course of professional practice.

The Controlled Substances Act requires, in states where it is permissible for a practitioner to dispense controlled substances, that physicians keep essentially the same records as a pharmacist. In Massachusetts, however, the state law prohibits physicians from dispensing controlled substances. This does not prevent physicians from giving patients pre-packaged samples, but it does prohibit dispensing on any larger scale.

There seems to be some confusion about telephone prescriptions for Schedule II Controlled substances; that is most narcotics, amphetamines, and fast acting barbiturates. The law requires a written prescription for these items except in emergency situations. A telephone prescription for

a schedule II drug must be for an emergency use and for an emergency amount, usually defined as an amount sufficient for a 72 hour period or less. Therefore a telephone prescription for one hundred Percodan would not constitute an emergency amount. The oral prescription must be followed by a written prescription to the pharmacist within three days. The responsibility for furnishing a written prescription as a follow-up to an oral prescription rests with the prescribing practitioner. It is incumbent upon the pharmacist only to report violations of this section.

In 1974, Congress passed the Narcotic Treatment Act. This legislation provided for the registration of practitioners, as well as hospitals and clinics, for the purpose of treating Narcotic drug addiction. Under this Act, a physician who is not registered to treat addiction may administer, but not prescribe, narcotic drugs to a narcotic addicted person for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment at a registered Narcotic Treatment Program. The physician may not administer more than a one day supply at one time to the person, and this emergency treatment cannot exceed three days nor can it be renewed. Any physician who desires to engage in the detoxification and maintenance of narcotic addicted persons on a regular basis and beyond a 72 hour period may apply for registration as a Narcotic Treatment Program. If his application is approved he will be subject to the same security and recordkeeping requirements as a clinic which is engaged in such activity.

The regulations which the government has effected with respect to legitimately manufactured drugs are not an attempt to make the job of the medical profession more difficult. Although they are at times inconvenient, they are necessary to combat a serious and increasingly difficult problem. Much has been written and discussed about the problems of heroin addiction, and the use of LSD, cocaine and heroin. Few people, outside of the medical profession, recognize the proportions of the problems of barbiturate addiction or the psychological effects resulting from the abuse of stimulant drugs. Because you are in a position to observe the dimensions of those problems we seek your help and compliance with the applicable regulations.

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Investigation for Drug
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